

# Exhibit C



**Aurora Health Care®**

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033

If paying by credit card, fill out below

Check credit card using for payment ☐ MasterCard ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

Card Number

Signature Exp. Date

Print Name

Bill Date 08/07/2014	Account Number 1188	Pay This Amount \$1,195.65	Amount Paid
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Pay your bill online by going to [Aurora.org/mychart](http://Aurora.org/mychart)  
or call 800-326-2250

**Addressee**

JENNIFER MYERS  
999 E MICHIGAN AVE  
OAK CREEK WI 53154-2245

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**Please make checks payable and remit to:**

**AURORA HEALTH CARE**  
PO BOX 091700  
MILWAUKEE WI 53209-8700

5875 080714 1188 0000119565 9

Document Code: P-KNWLG-42647-BPXBGF

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
1188	JENNIFER MYERS	08/07/2014	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Previous Visit Balance - Visit # - Date of Service - 5/3/2014 - K M	CURRENT TOTAL VISIT BALANCE			\$0.00	\$854.10
Previous Visit Balance - Visit # - Date of Service - 5/3/2014 - K M	CURRENT TOTAL VISIT BALANCE			\$0.00	\$63.80
Previous Visit Balance - Visit # - Date of Service - 5/11/2014 - K M	CURRENT TOTAL VISIT BALANCE			\$0.00	\$277.75

**Aurora Health Care**

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

**Message:**

Your account is seriously past due. Please call Customer Service today to avoid referral to an outside collection agency!

**Please Pay This Amount**

\$1,195.65

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En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 5:00 pm

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BPD104 - 2673699-001819-1/1-000

**Please do not write on the back of this coupon.**

How to contact us about a change in your address, insurance information or other topics:

By phone: 800-326-2250

By e-mail: [customerservice@aurora.org](mailto:customerservice@aurora.org)

By mail: Aurora Health Care  
3301 W. Forest Home Avenue  
Milwaukee, WI 53215  
**(Do not send payments to this address)**

If you have any questions, or updates to your information, please call the Patient Contact Center at 800-326-2250.

Or contact us via email at [customerservice@aurora.org](mailto:customerservice@aurora.org).

Se Habla Español 866-629-6033

- If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement. We will help you with payment arrangements.
- We have Financial Advocates trained to assess your individual situation and recommend specific assistance programs. Our Financial Advocates are located in all of our hospitals and at many of our clinics.
- If you do not have health insurance and your family income is below 250% of the Federal Poverty Level (FPL)\* you may be eligible for our Helping Hand financial assistance program. Please view the chart below to determine if you meet the income guidelines for Helping Hand financial assistance.

Family Size	1	2	3	4	5	6	7	8	9	10
If income level below	\$29,175	\$39,325	\$49,475	\$59,625	\$59,625	\$69,775	\$79,925	\$90,075	\$110,375	\$130,525

\*A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.

- You can learn more about Aurora's Financial Programs by visiting our website at [www.aurorahealthcare.org/helpinghand](http://www.aurorahealthcare.org/helpinghand) or [www.Aurorahealthcare.org/CollectionProcess](http://www.Aurorahealthcare.org/CollectionProcess) or by calling 800-326-2250. The following free information is available to you:
  - Our Financial Assistance brochure and Patient Financial Responsibility brochure available in English or Spanish.
  - Aurora's Collection and Financial Assistance Policies.

#### Electronic Check Conversion

When you pay your bill by check, you authorize us to use the information from your check to make a one-time electronic funds transfer from your account; when we process your check electronically, you may not receive your check back from the bank.

**Sign up now**

Pay your bills online at  
**[Aurora.org/myAurora](http://Aurora.org/myAurora)**

